

## Richard M. Flynn Commissioner

# STATE OF NEW HAMPSHIRE

### DEPARTMENT OF SAFETY

## DIVISION OF FIRE STANDARDS & TRAINING

#### BUREAU OF EMERGENCY MEDICAL SERVICES

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Richard A. Mason Director

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#### TRAUMA MEDICAL REVIEW COMMITTEE

## **COMMITTEE MEETING**

September 19, 2007 Richard M. Flynn Fire Academy Concord, New Hampshire

Members Present: John Sutton, MD, Kathy Bizarro, Rosie Swain, James Paquette, EMTP,

Patricia Sampson, RN

Guests: Sue Barnard, RN, Janet Houston, Mary Grohosky, RN, Stephanie Wolf-

Rosenblum, MD, Ken Howe, MD, Fred VonRecklinghausen, EMTP, Dick Cooper, EMTP, Tim McGough, EMTP, Nancy Guy, RN, Donna Driscoll, RN, Nicole Houston, RN, Noreen LaFleur, RN, Volker Kropp, MD, Doreen

Gilligan, RN

Bureau Staff: Clay Odell, EMTP, RN

## I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Clay Odell on behalf of Chair John Sutton at 9:30 am on Wednesday September 19, 2007 at the Richard M. Flynn Fire Academy in Concord, NH.

**Item 1. Introductions:** Attendees went around the table and introduced themselves. Clay announced two new members, Patricia Sampson representing the NH Emergency Nurses Association, and James Paquette representing the Professional Firefighters of NH have been appointed to the TMRC by Commissioner Barthelmes.

Sharon Phillips Hargrove has left her position as the Trauma Coordinator for Concord Hospital, and has resigned from being the trauma nurse representative on the TMRC. The Board recognized Sharon's many years of hard work and leadership in improving trauma care in NH.

The trauma coordinator's group will nominate a new representative. Clay is still waiting for a nomination for a representative of the NH Paramedic's Association, although they have presented a candidate. Scott Rodi of the NH Chapter of the American College of Emergency Physicians is attempting to recruit a member to represent that group on the TMRC.

**Item 2. Minutes**. The minutes from the June 20, 2007 meeting were approved by email vote prior to the meeting. There was no discussion.

#### IV. Committee Discussion Items

- **Item 1.** Renewal and Hospital Updates Clay reported that he has had discussions with Androscoggin Valley Hospital and Memorial Hospital, and those facilities are working on issues with their applications. He said that one or both of those hospitals will be ready for consideration of their renewal application at the October meeting.
- **Item 2.** Trauma Conference Clay reported that plans are moving along for the trauma conference. Save the date cards went out this week, and the brochure should be out in early November.
- **Item 3. NH Bureau of EMS Report** Deferred discussion due to time considerations.

#### III. Old Business

Item 1. Revision of NH Trauma Plan The majority of the meeting was spent discussing the merits of changing the current plan, which enables a Level II hospital to maintain it's status despite inconsistent neurosurgical coverage, to one which more closely reflects national standards. Many of those present felt that the hospitals would be supportive of this move. This would likely result in all four of the current Level II trauma hospitals becoming Level III hospitals. Attendees expressed the opinion that if the standards were enforced evenly to all the Level II hospitals, the hospitals would not object.

There was however, objection to the concept of changing the standards. Some participants felt that the standards of the ACS Level III trauma hospitals was not high enough for a highly populated urban area. ACS requires much less in the way of clinical resources for a Level III than a Level II. For example, if the standards of a Level III were applied to the current Level II's there would be no incentive to provide neurosurgical services at all, where in the current system it was available some or even most of the time. Some countered that at least that would provide consistency, whereas the current system has considerable variation in individual neurosurgeon preferences and comfort levels with trauma.

Most of those speaking to this topic felt as though it was the ethical obligation of the hospitals and the medical professionals in these catchment areas to provide the highest level of care possible, but it was also acknowledged that without being held to a standard, and without being accountable to an outside agency for compliance with those standards, there would be slippage away from those standards over time. After lengthy discussion it was decided that Clay would do some work on the existing hospital standards tables to reflect a level of care that encouraged the urban hospitals to maintain high standards, but was a lower level than ACS Level II. Clay will bring this revision for discussion at next month's meeting.

#### IV. New Business

None

## V. Public Comment

Janet Houston discussed the NH EMS for Children Advisory Group that has been meeting and discussing hospital criteria for the pediatric component of the NH Trauma System. She discussed preliminary levels of categorization for emergency departments. She recognizes that there will need to be significant work done on the adult plan before presenting this material to the TMRC.

## VI. Adjournment

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be October 24, 2007 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

Clay Odell, EMTP, RN Trauma Coordinator